

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 05/08/2005		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 05/10/2005							
		FINANCIAL PAYER: NCMMH							

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8505	552	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	77	DUPLICATE OF CLAIM-SYSTEM	1	777	1466	689
		8326	56	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	37	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	52	201	1649	1448
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	39	232	1588	1356
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1964	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	186	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	2481	3160	679
		8800	108	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404921	ORANGE PERSON C HATHAM AREA	8505	599	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	374	PRIOR AUTHORIZED DOLLARS EXCEE DED	11	1272	2591	1319
		8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	11	178	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	215	237	22
		8329	10	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	VGFW AREA AUTHO RITY	8505	483	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	110	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	691	1878	1187
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404925	SANDHILLS CENTE R FOR MH/DD	8505	610	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	240	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	66	1329	3836	2507
		8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	1568	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	855	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	62	2725	5008	2283
		143	49	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404927	CUMBERLAND CO M HC	8505	854	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	139	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1233	2432	1199
		8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	21	2179	DUPLICATE OF CLAIM-SYSTEM				
		5404	184	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	2575	5449	2874
		8329	89	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	108	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	166	227	1947	1720
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	1676	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	467	CLIENT NOT ELIGIBLE ON SERVICE DATE	41	2486	3164	678
		8800	135	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2654	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	321	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	19	3057	3930	868
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	8505	248	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	164	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	556	1112	556
		8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	332	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	51	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	17	413	1457	1044
		8931	12	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	529	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	90	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	631	679	48
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFWM DBA RIVERS TONE COUNSE	23	31	SERVICE REQUIRES PRIOR APPROVA L				
		24	15	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	11	58	1475	1417
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	11	49	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	47	DUPLICATE OF CLAIM-SYSTEM	0	175	1295	1120
		8621	23	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	278	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	45	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	26	522	1672	1150
		120	34	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANNE UMAN SERVIC	11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	16	DUPLICATE OF CLAIM-SYSTEM	10	75	590	519
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404943	ALBEMARLE MENTAL HEALTH CE	8505	156	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE	40	421	1346	923
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404944	EASTPOINTE HUMAN SERVICES	8505	369	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	63	DUPLICATE OF CLAIM-SYSTEM	9	524	1134	610
		8800	46	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	8599	46	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	32	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	70	175	1007	832
		8932	27	CMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404979	NEW RIVER AREA MENTAL/DO/SA PRO	11	455	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	290	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	1	788	1362	574
		8800	40	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				